

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10600693**
APPLICANT(S)

FILING DATE

6/21/06

CLAIMS

	AS FILED		ADDITIONAL ASSESSMENT		ADDITIONAL ASSESSMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		0		0		
5		0		0		
6		0		0		
7		0		0		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		2		2		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		0		0		
25		0		0		
26		0		0		
27		0		0		
28	1		1			
29	1		1			
30		1		1		
31	1		1			
32		1		1		
33		1		1		
34	1		1			
35			1			
36			1			
37			1			
38			1			
39			1			
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42						
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47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.		32		32		
TOTAL CLAIMS		38		38		

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL DEP.						
TOTAL CLAIMS						